

10/22/04

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective December 8, 2004

Application or Docket Number  
**034289-004**

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. Is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	13 minus 20 = *	*
INDEPENDENT CLAIMS	1 minus 3 = *	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY TYPE	OR	OTHER THAN SMALL ENTITY
RATE	FEES	RATE
BASIC FEE		BASIC FEE
EXAM. FEE		EXAM. FEE
SEARCH FEE		SEARCH FEE
X \$ 125 =		X \$ 250 =
X \$ 25 =		X \$ 50 =
X \$ 100 =		X \$ 200 =
+ \$ 180 =		+ \$ 360 =
TOTAL		TOTAL

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

	(Column 1)	(Column 2)	(Column 3)
	CLAIMS	HIGHEST	
	REMAINING AFTER AMENDMENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
AMENDMENT A	Total	*	Minus ** =
	Independent	*	Minus *** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE	RATE
X \$ 25 =		X \$ 50 =
X \$ 100 =		X \$ 200 =
+ \$ 180 =		+ \$ 360 =
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE

	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		
AMENDMENT B	Total	*	Minus ** =
	Independent	*	Minus *** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X \$ 25 =		X \$ 50 =	
X \$ 100 =		X \$ 200 =	
+ \$ 180 =		+ \$ 360 =	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

10/523847

1 Date of Request:	2 Serial/Patent #		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
		7 TOTAL AMOUNT OF REFUND	\$
		8 TO BE REFUNDED BY: 05/26/2005 0030022211	
		Treasury Check	
		Credit Card Refund Total: \$500.00 Credit Deposit A/C #: 9 HM Exp. : XX/XXXX/XXXX/XX	
10 REASON:		11 REFUND REQUESTED BY:	
Overpayment		TYPED/PRINTED NAME: _____ TITLE: _____	
Duplicate Payment		SIGNATURE: _____ PHONE: _____	
No Fee Due (Explanation):		OFFICE: _____	
		***** THIS SPACE RESERVED FOR FINANCE USE ONLY: 02 FC:1632 -500.00 OP	
		APPROVED: _____ DATE: _____	

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B